FORM CT-1120CR

2001

(Rev. 12/01)AB

Combined Corporation Business Tax Return

| | | DMEYEAR BEGINNING, 2001, AND ▶EN | DINC | 3 <u>,</u> _ | | | ENT OR DI | | | | | |
|---------------------------|--------------------|--|------------|--|------------|-------------------|----------------|---------------|--------|----------|------|---------------|
| Name | of Par | ent or Designated CT Parent Corporation | | | | CONN | ECTICUT TA | AX REC | GISTR | | | 3ER |
| | | N 1 10 1 | | \ D | _ | | | | | 0 | 0 | U |
| Address Number and Street | | Number and Street | PC |) Box | | DRS U | SE ONLY | | | - 20 | | |
| City o | or Town | State | 71F | P Code | - | FEDEF | RAL EMPLO | YER I | D NU | | | |
| Only C | | Cide | | 0000 | | | | | | | | |
| Che | ck an | d Complete All Applicable Boxes Is any included | l cor | poration exchanging R & | _ D tax | credits | ? ► 🔲 Ye | es (Se | e inst | ructions | | No |
| Cha | inge of: | | a fin | nal return, has the corpor | ation: | | | | | | | |
| | Closing Month | | | | | | _ | | | | | |
| _ | Address | I mar riotam | , | Reorganized (Enter survi ion Number): | vor's C | connect | icut Tax | | | | | |
| _ | | Onlore relied r | | poration annualizing its in | ncome | ? ▶□ | Yes (Attac | ch For | m CT | -1120I) | | No |
| PAR' | T I - SI | EPARATE TAXES OF CORPORATIONS INCLUDED IN T | HE (| COMBINED RETURN | If addi | tional li | nes are ne | eded | attac | h a wo | kshe | et. |
| Notic | e is her | reby given to the Commissioner of Revenue Services that the | affili | ated corporations listed | below | have | elected to | be in | clude | d in thi | s | |
| Comb | oined C | corporation Business Tax Return pursuant to the provisions of | Cor | nn. Gen. Stat. §12-223a | (1). | Attach | Forms C | T-112 | OCC | if appl | icab | le. |
| | | CORPORATION NAME * CT TAX | REG | SISTRATION NUMBER | SEP | ARATE | TAX (Forn | n CT-1 | 1120, | Sch. C, | Line | 1) |
| 1. | COMMO | ON PARENT OR DESIGNATED CONNECTICUT PARENT | | — 000 | | | | | | | _ | |
| 2. | | | | — 000 | | | | | | | | |
| 3. | | | | — 000 | | | | | | | | |
| 4. 5. | | | | — 000 | | | | | | | | |
| 6. | | | | — 000 — 000 | | | | | | | | |
| 7. | | | | — 000 — 000 | | | | | | | + | |
| 8. | TOTAL | SEPARATE TAXES (Add Lines 1 through 7) Enter total here | and | | | | | | | | + | |
| * Tax | | ration numbers must be included for parent and all subsidiarie | | , , | | | | | | | | |
| | | Affiliate Name | | CT Tax Registration I | _ | 000 000 000 | Federa | l Emp | loyer | ID Num | nber | |
| | | COMPUTATION OF AMOUNT PAYABLE Parts I, II, III, and Schedule KC before completing Part IV | / . | | | | | | | | | |
| 1. | TOTAL S | SEPARATE TAXES (Part I, Line 8) | | | | ▶ 1. | | | | | | |
| (| COMBIN | IEDTAX COMPUTATION: | | | | _/// | | | | | | $/\!\!/\!\!/$ |
| 2 | | on Combined Net Income | | | | | | | | | | /// |
| , | • | rt II, Line 19, Combined Total Column) | 2a | 1 | | -/// | | | | | | /// |
| - | | rt III, Line 7, Combined Total Column) | 2b | | | | | | | | | |
| 2 | | (Largest of Line 2a, Line 2b, or \$250) | 20 | | | | | | | | | /// |
| 2 | | on companies (other than financial service companies) | | | | | | | | | | |
| 2 (| | uded in the combined return less one, multiplied by \$250 NED TAX (Add Line 2c and Line 2d) | 20 | | | → 2. | ////// | | | ///// | /// | /// |
| | | RENCE TAX (Subtract Line 2 from Line 1. Enter amount not less t | | | | | | | | | + | |
| | | · | | | <u> </u> | 1 | ENT | ERT | OTA | AL OF | | |
| 4 . TO | /IAL | L. Tax (Add Line 2 and Line 3) | | | | | LIN | ES 4 | a ar | d 4b | | |
| | | Recapture of Tax Credits (See Instructions) | | | | 4. | | | | | | |
| | | EDITS (Schedule KC, Part III, Line 18) | | | | | | | | | | |
| | | CE OF TAX PAYABLE (Subtract Line 5 from Line 4, but not less t YMENTS: | nan i | zero) | | ► 6. | · /////// | 7777 | 777 | ///// | /// | 777 |
| | | d with Application for Extension, Form CT-1120 EXT | 7a | 1 | | -{// | | | | | | |
| | | d with Estimates (Forms CT-1120 ESA, ESB, ESC, and ESD) | 7b | | | -{// | | | | | | |
| | | erpayment from prior year | _ | | + | _{/// | | | | | | ///. |
| 7. | TOTAL [*] | TAX PAYMENTS (Add Lines 7a, 7b, and 7c) | | | | 7. | | | | | | |
| | | CE OF TAX DUE (overpaid) (Subtract Line 7 from Line 6) | | | | | | | | | | |
| | | enalty ►(9a) Interest ►(9b) CT-11 | | | | | | | | | _ | |
| | | to be credited to 2002 Estimated Tax (10a) CE DUE WITH THIS RETURN (Add Line 8 and Line 9) | | | | | | | | | + | |

| | | | 1. | | | |
|---|------------|---|--|--|--|--|
| | | | PARENT OR DESIGNATED CT PARENT CORPORATION | | | |
| | | ENTER CORPORATION NAMES | | | | |
| | | ENTER CONNECTICUT TAX REGISTRATION NUMBERS | - 000 | | | |
| | | ENTER FEDERAL EMPLOYER ID NUMBERS | | | | |
| PART II | 1 | . Form CT-1120, Computation of Net Income, Line 1, (federal taxable income (loss) before net operating loss and special deductions) | 1 | | | |
| | A 2 | . Interest income wholly exempt from federal tax | 2 | | | |
| щ | D 3 | . Unallowable deduction for corporation tax (from Form CT-1120, Schedule F, Line 8) | 3 | | | |
| 3AS | D 4 | . Intangible expenses and interest expenses paid to a related member (See instructions) | 4 | | | |
| C 🕺 | 5 | . TOTAL (Add Lines 1, 2, 3, and 4) | 5 | | | |
| ADJUSTMENT FOR CONNECTICUT TAX BASE | 6 | . Dividends (a) Dividends from domestic companies less than 20% owned | | | | |
| ₽Э | D | Limited to 70% deduction (less related expenses | 6a | | | |
| RE | Ē | (b) Other dividends (less related expenses) | 6b | | | |
| | D | (c) Intercorporate dividends from corporations included in this combined return | 6c | | | |
| ΑΝ | U 7 | . Capital loss carryover if not deducted in computing federal capital gain (Attach schedule) | 7 | | | |
| Ŏ | C 8 | . Capital gain from sale of preserved land | 8 | | | |
| | T 9 | Other (Attach explanation) | 9 | | | |
| | 1 | 0. TOTAL (Add Lines 6a, 6b, 6c, 7, 8, and 9) | 10 | | | |
| | 1 | 1. NET INCOME (Loss) Subtract Line 10 from Line 5. If 100% Connecticut, enter also on Line 13 | 11 | | | |
| | | 2. Apportionment fraction (Form CT-1120, Schedule A, Line 2. Carry to six places.) | | | | |
| COMPUTATION OF COMBINED NET INCOME | 1: | 3. Connecticut net income (Line 11, or Line 11 multiplied by Line 12) | 13 | | | |
| <u></u> E | 1. | 4. Operating loss carryover from separate return year (Cannot exceed amount on Line 13. Attach schedule.) | 14 | | | |
| Z D Z | | 5. Net income (Subtract Line 14 from Line 13) | | | | |
| 골호류 | | 6. Combined net income (Add all amounts on Line 15. Enter on Page 3, Line 16, Combined Total Column.) | | | | |
| S o ≤ | 1 | 7. Operating loss carryover from combined return year (Cannot exceed amount on Line 16. Attach schedule.) | 17 //////////////////////////////////// | | | |
| O | 1 | 8. Income subject to tax (Subtract Line 17 from Line 16) | 18 //////////////////////////////////// | | | |
| | 1 | 9. TAX: Multiply Line 18 by 7.5% (.075) (Enter here and on Part IV, Line 2a) | 19 //////////////////////////////////// | | | |
| PART III | | 1. Form CT-1120, Schedule D, Line 6, Column C. If 100% Connecticut, enter also on Line 3 (See instructions) | 1 | | | |
| ₹Ω | | 2. Apportionment fraction (Form CT-1120, Schedule B, Line 2. Carry to six places) | 2 0. | | | |
| | 0 | 3. Line 1, or Line 1 multiplied by Line 2 | 3 | | | |
| 585 | <u> </u> | 4. Number of months covered by this return | 4 | | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | { | 5. Line 3 multiplied by Line 4, divided by 12 | 5 | | | |
| COMPUTATION OF COMBINED MINIMUM TAX BASE | | 6. Combined minimum tax base (Add all amounts on Line 5. Enter on Page 3, Line 6, Combined Total Column.) | 6 ///////////////////////////////////// | | | |
| | | 7. TAX: Multiply Line 6 by .0031 (3 1/10 mills per dollar) | 7 | | | |

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| | 2. AFFILIATE | 3. AFFILIATE | 4. AFFILIATE | 5. AFFILIATE | 6. AFFILIATE | 7. AFFILIATE | COMBINED |
|---|-----------------|--|--|-----------------|-----------------|-----------------|----------|
| l | - 000 | - 000 | - 000 | - 000 | - 000 | - 000 | TOTAL |
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DECLARATION: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| SIGN HERE | Signature of Corporate Officer | Date | May DRS contact the preparer shown below about this return? |
|--------------------|--------------------------------|------------------|---|
| Keep a copy | Title | Telephone Number | ☐ Yes ☐ No (See instructions, Page 3) |
| of this return for | Paid Preparer's Signature | Date | Preparer's SSN or PTIN |
| your records | Firm's Name and Address | FEIN | Telephone Number |

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SCHEDULE KC - COMBINED TAX CREDITS

Attach 2001 Form CT-1120K for each affiliate claiming a business tax credit and enter the combined credit totals on Schedule KC.

PART I-TAX CREDITS FROM 2001 INCOME YEAR

| | RT I-TAX CREDITS FROM 2001 INCOME YEAR RT I-A Financial Institutions Tax Credit | A Amount Applied | Name of Af | B filiate Computing Credit |
|----|---|-------------------------------|--|--|
| 1 | Financial Institutions | > | | |
| PA | RT I-B Tax Credits with Carryback Provisions | A Amount Applied | B Carryback Amount | C Name of Affiliate Computing Credit |
| 2 | Neighborhood Assistance | > | > | |
| 3 | Housing Program Contribution | > | > | |
| 4 | Employer-Assisted Housing | > | > | |
| 5 | TOTAL PART I-B (Add Lines 2 through 4) | | > | |
| PA | RT I-C Tax Credits without Carryback or Carryforward Provisions | A Amount Applied | Name of Af | B filiate Computing Credit |
| 6 | Apprenticeship Training | > | | |
| 7 | Manufacturing Facility Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone | > | | |
| 8 | Computer Donation | > | | |
| 9 | Grants to Institutions of Higher Education | > | | |
| 10 | Machinery and Equipment | > | | |
| 11 | Traffic Reduction | > | | |
| 12 | Displaced Electric Worker | > | | |
| 13 | TOTAL PART I-C (Add Lines 6 through 12) | > | | |
| PA | RT I-D Tax Credits with Carryforward Provisions | A Amount Applied | B Carryforward Amount to 2002 | C Name of Affiliate Computing Credit |
| 14 | Housing Program Contribution (See instructions) | | //▶ | |
| 15 | Employer-Assisted Housing (See instructions) | | > | |
| 16 | Hiring Incentive | • | > | |
| 17 | Clean Alternative Fuel-Vehicles, Equipment, and Related Filling or Recharging Stations | > | > | |
| 18 | Research and Experimental Expenditures | > | > | |
| 19 | Research and Development | > | > | |
| 20 | Fixed Capital Investment | > | > | |
| 21 | Human Capital Investment | > | > | |
| 22 | Insurance Reinvestment Fund | > | > | |
| 23 | Small Business Administration Guaranty Fee | • | > | |
| 24 | Historic Homes Rehabilitation | • | > | |
| 25 | Donation of Open Space Land | > | > | |
| 26 | TOTAL PART I-D (Add Lines 14 through 25) | • | > | |
| ΡΔ | RT I-E Electronic Data Processing Equipment | A Amount | B Carryforward | C Name of Affiliate |
| | perty Tax Credit | Applied | Amount to 2002 | Computing Credit |
| | | Applied | Amount to 2002 | Computing Credit |

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PART II-CARRYFORWARD CREDITS FROM PREVIOUS INCOME YEARS

| FROW PREVIOUS INCOME TEARS | | A Total Amount of Carryforward Credit | B Amount Applied | C Name of Affiliate Computing Credit | |
|----------------------------|---|---------------------------------------|-------------------------------|--|--|
| 1 | Air Pollution | | > | | |
| 2 | Industrial Waste | | > | | |
| 3 | Child Day Care | | > | | |
| 4 | Housing Program Contribution | | > | | |
| 5 | Clean Alternative Fuel | | > | | |
| 6 | Employer-Assisted Housing | | > | | |
| 7 | Electronic Data Processing Equipment Property Tax | | > | | |
| 8 | Research and Development | | > | | |
| 9 | Research and Experimental Expenditures | | > | | |
| 10 | Hiring Incentive | | > | | |
| 11 | Fixed Capital Investment | | > | | |
| 12 | Human Capital Investment | | > | | |
| 13 | Insurance Reinvestment Fund | | > | | |
| 14 | Small Business Administration Guaranty Fee | | > | | |
| 15 | Historic Homes Rehabilitation | | | | |
| 16 | Donation of Open Space Land | | | | |
| 17 | TOTAL PART II (Add Lines 1 through 16) | | • | | |

PART III - TOTAL TAX CREDITS

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| ١ | RT III - TOTAL TAX CREDITS | Amount Applied | |
|---|---|----------------|--|
| | TOTAL TAX CREDITS (Add Part I, Lines 1, 5, 13, 26, 27, Column A, and Part II, Line 17, Column B. Enter total here and on Part IV, <i>Computation of Amount Payable</i> , Line 5) | • | |

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